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An explanatory study to assess the knowledge on smoking and its effects people (21-40 years old) at city Center, Gwalior

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Abstract

The present study aim to assess the knowledge on smoking and its effects among People of Jiwagi University Gwalior.

Method: A qualitative study by using An Explanatory Research Design, A sample size of 30 People were selected by using convenient sampling technique, semi structured questionnaire was used process the level of knowledge of People on smoking and its effects.

Conclusion: The finding of the study had showed that in Participants indicated that 90% participant were males, 10% of them females. 36% of them belong to age group of 21 to 25yrs, 30% of them belongs to the groups of 26 to 30yrs, 13% of them belongs to the age groups of 31 to 35yrs and 20% of them belongs to 36 to 40yrs. According to Education group literate 48.97% and 39.50% was Illiterate. Among them 83.33% are exposed to mass media and 16.66% of them were not. It may found 36 to 40 years of age groups has higher knowledge score compared to the other groups regarding smoking and its effects. It shows the on the relationship between knowledge of different age groups regarding heart rate changes due to smoking and its effects. In this the knowledge is higher in those who are exposed to mass media than in those who are not exposed

Result: The finding of the study reveals that 36 to 40 years of age groups has higher knowledge score compared to the other groups regarding smoking and its effects.

Keywords: knowledge, effect, smoking

Introduction

Tobacco is a long history from its usages in the early Americas. It became increasingly popular with the arrival of the Europeans by whom it was heavily traded following the industrial revolution, cigarettes become popularized, which fostered yet another unparalleled increase in growth. This remained so until the scientific revelations in the mid-1990s.

Las cassas vividly described how the first scouts sent by Columbus into the interior of cuba found. The men with half-burned wood in their hands and certain herbs to take their smokes, which are some dry herbs put in a certain leaf, also dry, like those the boys make on the day of the Passover of the holy ghost; and having lighted one part of it, by the other they suck, absorb, or receive that smoke inside with the breath, by which they become benumbed and almost drunk, and so it is said they do not feel fatigue. These, muskets as we will call them, they call tobaccos. I knew Spaniards on this island of Espanola who were accustomed to take it, and being reprimanded for it, by telling them It was a vice, they replied they were unable to cease using it. I do not know what relish or benefit they found in it.

Tobacco had already long been used in the Americas by the time European settlers arrived and introduced the practice to Europe, where it became popular. At high doses, tobacco can become hallucinogenic; accordingly, Native Americans did not always use the drug recreationally. Instead, it was often consumed as an ethnogeny; among some tribes, this was done only by experienced shamans or medicine men. Eastern North American tribes would carry large amounts of tobacco in pouches as a readily accepted trade item and would often smoke it in pipes, either in defined ceremonies that were considered sacred, or to seal a bargain, and they would smoke it at such occasions in all stages of life, even in childhood. It was believed that tobacco was a gift from the creator and that the exhaled tobacco smoke was capable of carrying one's thoughts and prayers to heaven.

Apart from smoking, tobacco had a number of uses as medicine. As a pain killer it was used for earache and toothache and occasionally as a poultice. Smoking was said by the desert Indians to be a cure for colds, especially if the tobacco was mixed with the leaves of the small desert sage, *salvia Dorrii*, or the root of Indian balsam or cough root, *Leptotaenia Multifida*, the addition of which was thought to be particularly good for asthma and tuberculosis. In smoked, uncured tobacco was often eaten, used in enemas, or drunk as extracted juice. Early missionaries often reported on the ecstatic state caused by tobacco. As its use spread into western cultures, however, it was no longer used primarily for ethnogeny or religious purposes, although religious use of tobacco is still common among many indigenous peoples, particularly in the Americas. Among the Cree and Ojibway of Canada and the north-central United States, it is offered to the creator, with prayers, and is used in sweat lodges, pipe ceremonies, smudging, and is presented as a gift. A gift of tobacco his tradition when asking an Ojibway elder a question of a spiritual nature. Because of its sacred nature tobacco abuse (thoughtlessly and addictively chain smoking) is seriously frowned upon by the Algonquian tribes of Canada, as it is believed that if one so abuses the plant, it will abuse that person in return, causing sickness. The proper and traditional native way of offering the smoke is said to involve directing it toward the four cardinal points (north, south, east and west), rather than holding it deeply within the lungs for prolonged periods.

Rodrigo de Jerez was one of the Spanish crewmen who sailed to the Americas on the *Santa Maria* as part of Christopher Columbus's first voyage across the Atlantic Ocean in 1492. He is credited with being the first European Smoker.

Following the arrival of Europeans, tobacco became one of the primary products fueling colonization, and also became a driving factor in the incorporation of African slave labor.

In the Ottoman Empire -Tobacco as a commercial product first arrived in the Ottoman Empire in the late 16th century. When tobacco first arrived in the Ottoman Empire, it attracted the attention of doctors and became a commonly prescribed medicine for many ailments. Although tobacco was initially prescribed as medicine; further study led to claims that smoking caused dizziness, fatigue, dulling of senses, and a foul taste and odour in the mouth.

In 1682, damascene jurist Abd al- Ghani al -Nabulsi declared; "Tobacco has now become extremely famous in all the countries of Islam ... people of all kinds have used it and devoted themselves to it ... I have even seen young children of about five years applying themselves to it."

In 1750, damascene townsmen observed" a number of women greater than the men, sitting along the bank of the Barada River. They were eating and drinking coffee and smoking tobacco just as the men were doing."

In Western Europe

The Spanish introduced tobacco to Europeans in about 1518, and by 1523, Diego Columbus mentioned a tobacco merchant of Lisbon in his will, showing how quickly the traffic had sprung up. Nicot, frenchn ambassador in Lisbon, sent samples to paris in 1559. The French Spanish and Portuguese initially referred to the plant as the" sacred herb" because of its valuable medicinal properties.

In 1571, a Spanish doctor named Nicolas Monareds wrote a book about the history medicinal plants of new world. In this he claimed that tobacco could cure 36 health problems. Sir Walter Raleigh his credited with taking the first "Virginia " tobacco to Europe, referring to it tobacco as early as 1578.

Need for the Study

Smoking is hard on the heart, but the fact is, tobacco use plays a role in a multitude of diseases that ultimately leads to disability or death. Cigarette contains over 4000 compounds; 200 of which are known to be poisonous and upward. Gwalior is an upcoming township very near to the Jiwaji University which gives a modern look to Gwalior. Among its residents are the middle and upper middle class families mainly residing in apartments and also thousands of students from various parts of India because of hundreds of professional colleges established in Gwalior.

Since it has become a business hub we often see people under stress smoking cigarettes. Almost every general store sells it. Apart from that there are petty road side push cart shops and corners which sell cigarettes even the law of no smoking in public area is not strictly followed vast majority of smokers are men compared to women here.

Problem statement

"An Explanatory study to assess the knowledge on smoking and its effects people (21-40 years old) at city center, Gwalior"

Objective

1. To assess the knowledge of people (21-40 years) residing in city center, regarding smoking and effects.
2. To analyze the relationship of peoples knowledge with the following variables; age, sex, level of education, socio-economic status, Exposure to mass media.

Material and Methods: An Explanatory research design was used to conduct the study in Jiwaji University Gwalior.. A sample size of 30 People was selected by using convenient sampling technique. Permission was obtained from the research committee of Jiwaji University Gwalior. The informed consent was taken from People who were willing to participate in the study. Self structured questionnaire was used to assess the level of knowledge among People on smoking and its effects.

Presentation of data

The findings were organized according to the objectives of the study.

Section 1; Findings on simple characteristics

Section 2; Findings related to knowledge of people towards smoking and its effects.

Sample characteristics

A convenient sample of 30 subjects was drawn from the study population who were residing at city center the data obtained to describe the sample characteristics were includes age,sex,level of education, socio-economic status and exposure to mass media.

Result

Table 1: Frequency and percentage distribution of demographic characteristics of Participants.

Sr. No.	Selected demographic variables	Frequency (f)	Percentage (%)
1.	Sex		
1.1	Male	27	90
1.2	Female	3	10
2.	Age		
2.1	21-25yr	11	36%
2.2	26-30yr	9	30%
2.3	31-35yr	4	13%
2.4	36-40yr	6	20%
3.	Socioeconomic status		
3.1	Lower class	14	45.92
3.2	Middle class	12	40.21
3.3	Upper class	4	14.38
4.	Education		
4.1	Literate	27	48.97
4.2	2.Illiterate	3	39.50
5.	Exposure To mass media		
5.1	Yes	25	83.33%
5.2	NO	5	16.66%

Table 1 depicts that

The frequency distribution of demographic variables of Participants indicated that 90% participant were males, 10% of them females.36% of them belong to age group of 21 to 25yrs, 30% of them belongs to the groups of 26 to 30yrs, 13% of them belongs to the age groups of 31 to 35yrs and 20% of them belongs to 36 to 40yrs. According to Education group literate 48.97% and 39.50% was Illiterate. Among them 83.33% are exposed to mass media and 16.66% of them were not.

Assessment of knowledge of the peoples according to sex

Thirty peoples were studied to assess their level of knowledge regarding heart rate changes due to smoking. Significant findings of the study are presented through table.

Table 2: The relationship between pretest knowledge of subjects with sex

Serial no	Sample characteristics	Frequency	Percent age	Knowledge score
1.	Male	27	73.93%	538
2.	female	03	66.66%	54

The data presented in table 2 indicated that male had higher knowledge score compared to the females regarding smoking and its effects.

Mean, Median and standard deviation of knowledge of people.

Sample	N	Mean	Median	Standard deviation
PEOPLE (21-40YEARS)	30	12.96	26.53	1.31

Frequency and percentage distribution of group’s knowledge on the basis of scoring

S.no:	Knowledge score	Frequency	Percentage
1	Very good	0	0
2	Good	8	63.42
3	Average	18	44.03
4	Poor	4	26.85

Assessment of the knowledge of the peoples according to age groups

This section presents findings on the relationship between knowledge of different age groups regarding heart rate changes due to smoking and its effects.

Table 3: The relationship of knowledge of subjects with different age groups

Serial no	Sample characteristics	Frequency	Percentage	Knowledge score
Age				
1	21-25yr	11	72.72%	215
2	26-30yr	9	74.48%	181
3	31-35yr	4	68.51%	74
4	36-40yr	6	74.07%	120

The data presented in table indicated that 36 to 40 years of age groups has higher knowledge score compared to the other groups regarding smoking and its effects.

Assessment of knowledge of the people according to exposure to media

This section the findings on the relationship between the knowledge of the people who are exposed to mass media those who are not.

Table 4: Knowledge association between the people who are exposed to mass media and those who are not

Serial no	Sample characteristics	Frequency	Percentage	Knowledge score
Exposure to mass media				
1	Yes	25	83.33%	562
2	No	5	16.66%	22

In this the knowledge is higher in those who are exposed to mass media than in those who are not exposed.

Conclusion

The finding of the study had showed that in Participants indicated that 90% participant were males, 10% of them females.36% of them belong to age group of 21 to 25yrs, 30% of them belongs to the groups of 26 to 30yrs, 13% of

them belongs to the age groups of 31 to 35yrs and 20% of them belongs to 36 to 40yrs. According to Education group literate 48.97% and 39.50% was Illiterate. Among them 83.33% are exposed to mass media and 16.66% of them were not. It may found 36 to 40 years of age groups has higher knowledge score compared to the other groups regarding smoking and its effects. It shows the on the relationship between knowledge of different age groups regarding heart rate changes due to smoking and its effects. In this the knowledge is higher in those who are exposed to mass media than in those who are not exposed.

Conflict of interest: There was no such conflict and bias during the study.

Source of finding: It is self-funded research study.

Ethical consideration: No ethical issue exists.

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